										1	Application or Docket Number					
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CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMA TYI		ENTITY)R	OTHER SMALL		
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* If the difference in column 1 is less than zero, enter "0" in column 2									TOT	AL		$\Box \circ$	R	TOTAL	108	
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**	If the entry in colur If the "Highest Nur If the "Highest Nur	mber Prev	viously Pai	id For" IN THIS	S SPA	ACE is less thar	n 20, enter "20."	Αſ	TOT DDIT. F			OF	- م ۱	TOTAL ADDIT. FEE		
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